

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CARL HURST  
LAND OF HEALTH LC  
1150 E 300 N  
LAYTON UT 84040

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Carl Hurst*☐ Agent☐ Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

9-19

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PB 9/12/2011 S0550017

7009 3410 0001 4203 1669

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

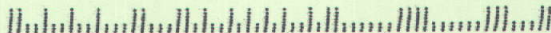
- Sender: Please print your name, address, and ZIP+4 in this box •

PENNY BERRY  
STATE OF UTAH  
DIVISION OF OIL GAS & MINING  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

RECEIVED

SEP 15 2011

DIV. OF OIL, GAS & MINING



U.S. Postal Service™

# CERTIFIED MAIL™ RECEIPT

*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

PB 9/12/2011 50550017

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage

Review of  
Reclamation  
Surety

Postmark  
Here

Sent To

CARL HURST  
LAND OF HEALTH LC  
1150 E 300 N  
LAYTON UT 84040

Street, Apt.  
or PO Box

City, State

699T E024 T000 0T4E 6002